



# The drivers of hospitality experience quality in the long-term care organizations: preliminary empirical results<sup>§</sup>

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## Abstract

This study explores how hospitality experience quality is created in Long-Term Care Organizations (LTCOs), where older adults seek not only clinical care but meaningful, emotionally rich experiences. Through a qualitative research method based on a survey conducted through interviews with LTCO managers of the Veneto Region in Italy, a set of drivers emerged. They contribute to bridging the gap between healthcare and hospitality literature and align with the UN's Sustainable Development Goal 3, promoting well-being for all ages. It represents one of the first efforts to define and explore hospitality experience quality in LTCOs. Managers are encouraged to cultivate an organizational culture beyond operational efficiency, integrating experiential elements into daily care.

## Keywords

long-term care organizations; residential services; service quality; experience quality; hospitality management; well-being

## 1. Introduction

Long-term care organizations (LTCOs) are expanding in response to the growing demand for specialized healthcare environments driven by the increasing population of adults aged 65 and over. These facilities—including assisted living residences, nursing homes, and hospices—are designed to provide continuous support for individuals with chronic health conditions or long-term social care needs. In LTCOs, older adults seek not only services but also meaningful experiences. Service quality is often regarded as a basic expectation rather than a distinguishing feature. As a result, simply delivering services is no longer sufficient to promote well-being in these settings.

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Although research on service quality—originating in the late 1970s (e.g., Gummesson, 1979; Grönroos, 1982; Parasuraman et al., 1985; Lewis, 1989)—has been extensively explored, including within the healthcare sector (e.g., Cavallone et al., 2017; Singh and Prasher, 2019; Pekkaya et al., 2019), the topic of experience quality has received comparatively less attention. Yet, it represents a critical factor in enhancing the appeal of LTCOs, given that older adults seek not only clinical care but meaningful, emotionally rich experiences.

Experience quality is defined by the attributes offered by the provider and the customer (Crompton and Love, 1995) in terms of emotional and psychological responses rather than functional or utilitarian features (Chen and Chen, 2010). Fundamentally, it is a multidimensional construct whose components vary depending on the service setting. Regarding the healthcare management context, experience quality includes the technical performance of practitioners and their interpersonal performance, namely clinical quality (Donabedian, 1980). Further dimensions identified in literature are cleanliness, communication consistency, patient involvement in decision-making, the information provided, confidence in staff, dignity, and respect (Raleigh et al., 2012). Studies addressing experience quality from a healthcare management perspective, thus emerging from customers' perceptions and evaluations of their interactions during care and treatment (Li and Benton, 1996; Chandrasekaran et al., 2012; Ponsignon et al., 2015), remain limited (Raleigh et al., 2012; Ponsignon et al., 2015) and focused on its dimensions. The underlying drivers that shape experience quality continue to be largely unexplored in the service management literature. Therefore, the following research question emerges: *What factors contribute to the creation of hospitality experience quality in LTCOs?*

This study seeks to address this research question by adopting the perspective of service providers, aiming to identify the key drivers of hospitality experience quality as delivered by LTCOs to their guests. For this purpose, a qualitative research method based on a survey conducted through interviews with LTCO managers of the Veneto Region in Italy was employed.

The set of drivers identified will contribute to bridging the gap between healthcare and hospitality literature and align with the UN's Sustainable Development Goal 3, promoting well-being for all ages. It represents one of the first efforts to define and explore hospitality experience quality in LTCOs. In practical terms, LTCOs' managers are encouraged to cultivate an organizational culture beyond operational efficiency, integrating experiential elements into daily care.

The rest of the study is organized as follows: after a research background on experience quality and drivers of this construct, the research method is described, next, the results are presented and discussed. Finally, the implications, limitations, and future research directions are proposed.

## **2. Literature review**

The integration of hospitality principles into healthcare service delivery has garnered growing scholarly interest over the past two decades, particularly in response to increasing patient expectations and the shift toward person-centered care. Traditional healthcare service models, which prioritize clinical outcomes and operational efficiency, are increasingly seen as insufficient to ensure patient well-being, especially in long-term care organizations (LTCOs) where older adults seek not only medical assistance but also meaningful and emotionally fulfilling experiences (Donabedian, 1980; Manary et al., 2013).

Early contributions to the study of service quality, such as those by Parasuraman et al. (1985), Grönroos (1982), and Gummesson (1979), emphasized the importance of aligning

service performance with customer expectations. These foundational models—often operationalized through instruments like SERVQUAL—have been widely applied to healthcare settings (e.g., Choi et al., 2005; Duggirala et al., 2008; Sumaedi et al., 2016) to evaluate dimensions such as responsiveness, assurance, and tangibles. However, scholars have increasingly argued that such approaches are limited in scope, as they do not fully capture the experiential and emotional components of care that are vital in LTCOs (Li and Benton, 1996; Cavallone et al., 2017; Singh and Prasher, 2019).

To bridge this gap, researchers have begun to distinguish between clinical quality—the technical aspects of care—and experiential quality, which refers to the interpersonal, emotional, and subjective dimensions of service delivery (Collier, 1994; Chandrasekaran et al., 2012). This latter dimension has been the focus of hospitality-informed healthcare models, which recognize that patients’ perceptions of care are influenced not only by medical outcomes but also by environmental design, social interaction, and emotional resonance (Ponsignon et al., 2015; Suess and Mody, 2018).

The concept of experiential quality is inherently multidimensional and context dependent. Schmitt (1999) emphasized that customer experiences are constructed individually and subjectively, making them difficult to standardize or replicate. Crompton and Love (1995) similarly argued that experience quality includes not only what is delivered by the provider but also what the individual brings to the interaction in terms of expectations, memory, and affect. Drawing from the tourism and leisure literature, Otto and Ritchie (1996) and Cole and Scott (2004) introduced dimensions such as hedonics, involvement, and peace of mind, which later informed healthcare applications (Wu and Li, 2017; Jin et al., 2015).

In the specific context of LTCOs, the relevance of hospitality is further amplified due to the vulnerable nature of the clientele and the long-term character of the services. Here, hospitality entails not only comfort and service efficiency but also psychological safety, social stimulation, and respect for individual dignity (Majeed and Kim, 2023). Suess and Mody (2018) showed that hotel-like features in hospital settings—such as interior design, room privacy, and staff demeanor—can significantly affect patient well-being and even their willingness to pay for care.

Despite these advances, empirical research explicitly investigating hospitality experience quality in LTCOs remains scarce. The majority of studies focus either on clinical outcomes or on narrowly defined patient satisfaction indicators (Raleigh et al., 2012). However, more recent contributions propose broader frameworks that encompass a range of dimensions, including physical environment (Wu et al., 2021), interaction quality (Lemke et al., 2011), and emotional fulfillment (Chen and Chen, 2010).

Furthermore, the literature suggests that the design of meaningful experiences in LTCOs can benefit from concepts such as immersion, participation, fun, and surprise—dimensions commonly studied in the context of theme parks and cultural tourism (Kao et al., 2008; de Rojas and Camarero, 2008). These elements, when adapted to elderly care environments, can promote cognitive stimulation, emotional engagement, and social connectedness, thereby enhancing the overall quality of life for residents.

Importantly, hospitality experience quality in LTCOs must be co-created, involving not just healthcare professionals but also patients, their families, and community members. Voss et al. (2008) underline the importance of aligning the planned experience (from the provider’s perspective) with the lived experience (from the customer’s perspective). This alignment requires an organizational culture that goes beyond functional efficiency to include empathy, personalization, and active participation (Berry and Bendapudi, 2007; Verhoef et al., 2009).

In sum, the literature converges on the recognition that hospitality experience quality is a multidimensional and integrative concept that extends traditional views of service quality. It requires a rethinking of organizational priorities and the development of new managerial

frameworks capable of combining clinical effectiveness with emotional and relational care. While foundational models from healthcare, tourism, and hospitality offer valuable insights, more research is needed to adapt and validate these frameworks within the unique context of long-term elder care.

### **3. Method**

#### *3.1. Research method*

Given that this study aims to investigate a specific and complex phenomenon within its real-life context (Yin, 2017), namely the key drivers of hospitality experience quality as delivered by LTCOs to their guests, this research has an exploratory nature and, therefore, adopts a qualitative approach as the overarching research design. This methodological choice is appropriate for the study's objectives, as existing theories and frameworks may not be sufficiently able to explain the phenomenon under investigation (Creswell and Poth, 2016).

A purposive sampling strategy was employed to select informed respondents about the topic under investigation. A contact list of managers of LTCOs located in the Veneto Region (Italy) was developed with the goal of ensuring adequate diversity across cases. After contacting them, an email will be sent to them with a cover letter explaining the study's purpose and requesting their availability.

#### *3.2. Data collection*

In-depth interviews were chosen as a method of data collection because they enable participants to express their views, opinions, and experiences freely and in a relaxed conversational setting (Creswell and Creswell, 2018). The interview guide was developed based on a comprehensive literature review and focused on service quality and experience quality. Interviews were conducted in person or via Zoom between September and November 2024. Each session lasted approximately 40 minutes to one hour. In line with the approach described by Hogg et al. (2014), the interviews—originally conducted in Italian—were translated into English for analysis.

Ten LTCO managers were interviewed. This quantity of respondents is considered adequate because, in qualitative research, there is no fixed number of interviews that determines sample adequacy. Theoretical saturation in qualitative studies can be reached with a relatively small number of participants. According to Kuzel (1992), in relatively homogeneous samples as in this study, a range of 6 to 8 participants may be sufficient. This is further supported by Guest and colleagues (Guest et al., 2006), who found that most themes tend to emerge within the first six interviews. Participants were assured of the anonymity and confidentiality of their responses.

#### *3.3. Data analysis*

Data analysis was carried out using NVivo software and employed thematic analysis, which enabled the researchers to manage a large volume of qualitative data, identify recurring themes, and uncover new insights. Procedurally, the authors independently conducted multiple rounds of iterative coding and analysis to ensure triangulation of the initial findings. This strategy was intended to minimize subjective bias and enhance the credibility of the results (Flick, 2000). A blended analytical approach was adopted: themes were first generated inductively from the data, and then deductively interpreted and positioned within existing theoretical frameworks from the literature on experience quality in various service contexts. As a result, a series of narrative constructs emerged around the core themes of the study, which are presented in the following section.

## 4. Findings and discussion

The survey conducted through interviews with ten LTCO managers of the Veneto Region in Italy allowed us to identify five key drivers of hospitality experience quality as delivered by LTCOs to their guests. These identified drivers are person-centered organizational culture and values, staff training, care and strengthening of a network/ecosystem of stakeholders, adoption of technology, management of servicescape and time management.

### 4.1. Person-centered organizational culture and values

The LTCOs analyzed embody a person-centered organizational and value culture. Deepening understanding of their guests, through the relational dynamics fostered by the LTCO manager, facilitators, nurses, or healthcare assistants, is based on listening and kindness, key values for establishing good relationships with guests and guiding principles for a person-centered organization. In this regard, some interviewees emphasized the following:

*“We often pause to listen to the elderly person’s invitation to revisit certain themes, moments in their lives. So it often happens that we dedicate ourselves to the elderly person’s narrative, listening to them, allowing them to work on their memories and emotions in a nonspecific manner”.*

A good relationship with the guest, fostered by a cordial greeting and constant listening, essential conditions for social and health well-being, guides the development of projects, even at the guest’s request. From this perspective, proposed projects can involve specific individuals with specific needs. As the interviewees emphasized,

*“There’s the person who writes and therefore keeps a diary of stories that also concern the structure, their life in the present; there’s the person who searches through internet because they’re passionate about military uniforms, rather than wars and battles. There’s the person who loves making objects with materials because it was an artist”.*

Guests are protected, not closed, they are not “institutionalized” but welcomed into a reality that takes care of their autonomy, as underlined by an interviewed manager:

*“We support the idea of saying: you are protected but not closed off... I will provide you with all the assistance, rehabilitation, care, and healthcare services, but the most important thing is that you also have your own space”.*

*“Guests can always choose because we have our own kitchen. We show them the menu options on the tablet, so they can choose and book”.*

LTCO staff should seek to establish a specific relationship with each guest. One interviewee noted that

*“The psychologist also tries to establish a relationship based on the personality traits of each senior and the context. That is, if an elderly person is sad, we try to cheer them up; if they are happy, we try to value this pleasant moment”.*

In LTCOs with a person-centered organizational and value culture, attention is also paid to the relationship with the guest’s family members, tending to involve them in the management of certain activities:

*“The aim is to improve their well-being as much as possible”.*

*“We therefore develop an individual care plan that involves gathering a wide range of information from the family, and from the individual themselves if they are able to respond”.*

The personalization of the experience is designed through systematic collection of information about the guest/resident’s past, a multidisciplinary approach, and guest/resident self-determination, to the extent possible. At this regard one interviewed LTCO manager explained the following:

*“When designing services, we take into account the mood and emotions of guests, starting from an analysis of the context and the needs that emerge from them and from their Personal Life Stories”*

A person-centered approach, based on listening, quality relationships, and friendliness, and focused on achieving social and health well-being, also contributes to the pursuit of the common good.

#### *4.2. Staff training*

The LTCOs analyzed ensure staff training, also in line with the needs expressed by their collaborators. As reported by an interviewee,

*“Training is conducted within the facilities, but there are also training courses that are requested. In fact, these meetings always include a survey of training needs and requests from LTCO staff”.*

The training projects implemented need to combine technical expertise, on the one hand, and emotional, empathetic, and relational skills of the staff, on the other hand, as emerged from the the data analysed. It is also important to harmonize the knowledge and skills of staff, who may be of different nationalities and have varying levels of educational background. Promoting the exchange and sharing of the many and varied educational and training experiences on specific topics of common interest represents an opportunity for cognitive and social enrichment for all internal collaborators, enriching their perspectives, their ability to understand, communicate, and work as a team:

*“Through giant screens or projections, a computer connection is used to select an activity to learn about a new reality... and since we have staff of 45 different nationalities, the operator/employee who comes from that country comes and during the explanation/illustration talks about his or her own country and city”.*

Staff training programs address both refresher courses and in-depth study of relationships with guests and family members.

The complex clinical care needs of people entering nursing home, with their relative lack of awareness and lucidity, require, first and foremost, careful healthcare training, particularly in the use of non-pharmacological therapeutic approaches, including, for example, doll therapy, used as a strategy for managing the psychological, behavioral, and social disorders that develop over time in people with dementia, leading them to become aggressive and oppositional. One interviewee reported:

*“For example, there are guests/residents who have specific psycho-emotional needs; perhaps they aren’t entirely lucid, and sometimes we specifically implement doll therapy programs”.*

This study also highlighted the training needs of the LTCO’s staff, including the need to be able to provide care for the guest in terms of entertainment and interpersonal relationships. At this regard one interviewee pointed out that:

*“Among the training courses there are also those that are related to the professional-guest relationship”.*

It is also important that a LTCO can be able to play a pivotal role between the guest’s overall non-health condition and the family members. It’s important to be available to family members when they visit, not only to provide specific clinical information if necessary or to assess the patient’s physical and mental health, but also to explain, especially to family members who may visit infrequently, how the elderly person spends her/his time.

#### *4.3. Care and strengthening of the network/ecosystem of stakeholders*

Creating valuable experiences for LTCO guests/residents requires nurturing and strengthening a significant network of stakeholders, including LTCO guests/residents, family members, local communities such as schools, volunteers, LTCO staff, non-profit organizations operating in various fields, including sports, culture, recreation, entertainment, education, training, and others. LTCO stakeholders are individuals, groups, and organizations interested in the LTCO’s activities, initiatives, and projects, and are particularly interested in collaborating to generate shared value. This process involves establishing an open and ongoing dialogue between LTCOs and their stakeholders, listening to their needs and expectations, and actively involving them in strategic and operational decisions and activities. This helps to activate a quality interaction and to build lasting relationships based on mutual trust, encourages participation, supports the welcoming, planning and management of activities that can also surprise the guests and certainly contribute to livening up their day:

*“We organize activities that surprise our guests, such as scheduled meetings with school students, local resources, musicians, and external volunteers (e.g., clowns)”.*

Considering the valuable role of volunteers in promoting a variety of stimulating activities, one interviewee mentioned the volunteers from the local media library who collaborate with the LTCO by “reading texts aloud to the guests”.

Concerning the guests’ social and health well-being, interviewees emphasized their LTCOs’ commitment to paying particular attention to relationships with family members:

*“The family members are with us every day. They have access to the facility every day”.*

*“We have various activities, such as bingo, volunteer work, and parties, in which the family member absolutely participates”.*

*“Family members can always participate in all activities, especially recreational and entertainment ones”.*

The LTCOs analyzed also organize “family-guest outings and short outings”, and as some interviewed managers emphasized:

*“Family members are supported by our psychologist to discuss issues related to the community guest, or how the relative feels about undertaking this process”.*

Interviewees highlighted the LTCOs’ commitment to their stakeholders, guided by an open and engaging relational approach. It’s about making collaboration more effective and productive with everyone who can influence or be influenced by the organization.

This driver underpins the intergenerational value of relationships and the importance of integration with the local community.

#### *4.4. Adoption of technology*

The interviews conducted revealed that LTCOs are particularly interested in the implementation of technological developments in the social and healthcare sector. Technology is revolutionizing the healthcare sector, supporting “human” intervention in accessing care, diagnosing, treating, and managing patient health.

The adoption of technology is certainly an enabler of care. Innovations such as telemedicine, artificial intelligence, robotics, and nanotechnology are radically transforming the way healthcare is delivered and received. They can offer opportunities for sensory immersion, similar to augmented reality with headsets and virtual journeys.

Augmented reality, as some interviewees reported, is offering new possibilities in healthcare services, from diagnostics, to medical training, and patient care:

*“A growing trend, right now thanks to study and research agreements we’ve also signed with the University, is virtual reality and augmented reality”.*

The adoption of technology also represents a tool for maintaining relationships with the stakeholder network. It can significantly improve residents’ quality of life, their independence, the quality of care, and support the work of healthcare professionals by helping to reduce stress and workload and improving operational efficiency.

*“We use the internet a lot and we let our guests use it. We even teach 90-year-olds how to use computers”.*

*“We have smartphones available to staff that can be used both for business and for guests to make calls”.*

*“We invest in technology to deliver services: computers, speakers, projectors, CD players, Internet connection”.*

*“Technology enhances guests’ stays by allowing them to watch movies and TV shows and listen to music”.*

Technology must be seen as a complement and not a substitute for human relationships. This means integrating technology so that it improves the effectiveness of care without compromising the quality of human interactions.

#### *4.5. Management of servicescape and time management*

Another important driver concerns the management of servicescape with a sensorial focus (beauty of spaces, architecture, Snoezelen rooms, and so on) and time management with regard to the organization of events that create engagement, first with the wait, during, and after. This driver highlights the LTCOs’ commitment to transforming the ordinary into the extraordinary:

*“In fact, in all these facilities, Snoezelen rooms have been created, developed using the Snoezelen method, but they are pampering rooms, rooms of well-being, in which the five senses are stimulated”.*

Some interviewees highlighted that LTCO offers guest rooms and internal and external common spaces dedicated to specific needs of guests as relational activities:

*“Guests have spaces dedicated to personal meetings, and mainly for logistical reasons, we ask family members to book their visits”.*

*“Our spaces are designed just like this, with guest rooms as well as plenty of space for social activities”.*

*“In our residences, the rooms are large but we have many common areas, and green spaces, so there is a frequent use of beautiful environments”.*

The facilities also provide spaces for reflection specifically dedicated to the professional-guest relationship because, as some interviewees remarked,

*“Our focus is always on being able to understand the guest’s needs, not only clinical but also emotional”.*

An LTCO manager also emphasized that there is an ongoing debate about whether *“the elderly should live at home or in a place very similar to their home”*, and that, in this perspective, current LTCOs should be transformed into *“facilities with a residential dimension”*, that is, less depersonalized environments, as comfortable, safe and protective as possible.

But to do this, it is necessary to *“invest a series of economic resources that our facilities do not have available”*, as one interviewee reported.

Spaces need to be managed in such a way as to make guests feel comfortable and able to easily engage in specific activities or experiences, linked to personal desires and abilities that LTCOs seek to enhance. One interviewee, for example, expressed that the LTCO’s management of the servicescape and time has allowed them to empower their guests:

*“We enable our guest, who really enjoys writing, to do this more easily. We provide his/her with all the materials, we help him/her write, and we publish some things on our social media channels with his/her consent”.*

In some LTCOs, spaces are set up to host local cultural events, from photography exhibitions and meetings with various artists (poets and others) to musical performances (for example, choirs or musical groups performing traditional songs and folk songs from the last century) that can revive positive memories and foster processes of identification. In this regard, one interviewee emphasized:

*“There’s a dialect poet, there’s someone who makes music, and they also use music from a certain period of the 20th century to evoke pleasant memories. There are choirs that come to sing music or songs from the last century, and we’re putting together a photography exhibition by a photographer who took photos of our city”.*

## 5. Practical implications

The set of identified drivers can help bridge the gap between healthcare and hospitality literature and align with the UN's Sustainable Development Goal 3, promoting well-being for all ages.

As interviewees emphasized, over the past decade in Italy, the number of elderly people with behavioral and psychological symptoms related to dementia has been constantly growing, with a strong impact on family systems and the healthcare system in general. These symptoms are the main risk factors for a more severe course of dementia and compromise, more than other symptoms, the well-being and quality of life of patients and caregivers. Indeed, they are the most frequent cause of institutionalization and, consequently, of increased healthcare costs.

LTCOs are addressing this public health priority, which has progressively led to their transformation from nursing homes to protected facilities, with a growing presence of dependent individuals. The evolution of the guest in a critical sense is also linked to the fact that while previously, long-term care in hospitals was focused on stabilizing patients, their stabilization after hospital discharge is now entrusted to the local community. LTCOs are addressing this need. Their role is fundamental and necessarily requires an integrated vision of purpose with multiple local stakeholders, strengthening collaborative relationships to support study, research, and experimental projects, and new integrated solutions that allow the development of new practices in healthcare therapies, enabling a more effective and innovative approach to care.

A person-centered organizational and value culture, focused on understanding the guests and their experiences, can help LTCOs plan and propose activities that are connected to the guests' emotional experiences. For example, considering guests who perhaps had a vegetable garden at home and share how to plant tomatoes or other vegetables, this could encourage the LTCO to plan a vegetable garden or a small horticultural activity to engage them.

Training plans will need to be further strengthened and aligned with the training needs identified by staff. The evolving scenario outlined above increases the need to learn and experiment with innovative methodologies in the treatment of people affected by, for example, dementia, to alleviate behavioral disorders and improve their emotional well-being. Innovative methodologies include Montessori-based therapy, sand therapy, horticultural therapy, art therapy, and music therapy, all of which focus on non-pharmacological approaches to improving guests/residents' quality of life. Some of these are already implemented or are being tested in the LTCOs analyzed, but the need for their reinforcement will become increasingly crucial.

Strengthening LTCOs' commitment to non-pharmacological therapies and technological innovation would enable them to offer better support in the care of vulnerable individuals and their caregivers. The possibility of implementing interactive non-pharmacological therapies, such as for example the interactive doll therapy, into social care processes ensures greater interaction between the guest and the doll, promoting the well-being of both those receiving care and those involved in various capacities in providing care.

As regards the management of servicescape, in the medium to long term, resources should be invested in further transforming current organizational structures into places with a homely atmosphere, capable of responding to the needs, such as that of living in their own home, that guests express a desire or need.

## 6. Conclusions

The results of this study advance our understanding of the antecedents of valuable hospitality experiences in long-term care settings through the identification of five key drivers. Overall, our findings show that creating quality experiences in LTCOs goes well beyond meeting basic clinical requirements and involves person-centered organizational culture and values, staff training, care and strengthening of a network/ecosystem of stakeholders, adoption of technology, management of servicescape and time management.

The drivers we identified not only enrich the extant academic literature but also provide actionable directions for LTCOs' managers to create environments where residents can maintain their wellbeing and experience life meaningfully.

As every explorative study, this research has important limitations, which may represent opportunities for future work. Our study focused exclusively on facilities in Italy, which means the findings may not extend directly to other countries with different healthcare systems or cultural approaches. Moreover, we only interviewed LTCOs' managers, which represents a key perspective (but not the only perspective) on the creation of quality experiences. Future studies should collect evidence from other stakeholders, including the residents (when possible), their families, and LTCOs' personnel.

## References

- Berry, L.L., Bendapudi, N. (2007), "Health care: A fertile field for service research", *Journal of Service Research*, Vol. 10 No. 2, pp. 111-122.
- Cavallone, M., Magno, F., Zucchi, A. (2017), "Improving service quality in healthcare organisations through geomarketing statistical tools", *The TQM Journal*, Vol. 29 No. 5, pp. 690-704.
- Chandrasekaran, A., Senot, C., Boyer, K.K. (2012), "Process management impact on clinical and experiential quality: Managing tensions between safe and patient-centered healthcare", *Manufacturing & Service Operations Management*, Vol. 14 No. 4, pp. 548-566.
- Chen, C.F., Chen, F.S. (2010), "Experience quality, perceived value, satisfaction and behavioral intentions for heritage tourists", *Tourism Management*, Vol. 31 No. 1, pp. 29-35.
- Choi, K.S., Lee, H., Kim, C., Lee, S. (2005), "The service quality dimensions and patient satisfaction relationships in South Korea: Comparisons across gender, age and types of service", *Journal of Services Marketing*, Vol. 19 No. 3, pp. 140-149.
- Collier, D.A. (1994), *The service/quality solution: Using service management to gain competitive advantage*, Irwin Professional Publishing, Burr Ridge, IL.
- Creswell, J.W., Creswell, J.D. (2018), *Research design: Qualitative, quantitative, and mixed methods approaches*, Sage, USA.
- Creswell, J.W., Poth, C.N. (2016), *Qualitative inquiry and research design: Choosing among five approaches*, Sage Publications, Los Angeles, CA.
- Crompton, J.L., Love, L.L. (1995), "The predictive validity of alternative approaches to evaluating quality of a festival", *Journal of Travel Research*, Vol. 34 No. 1, pp. 11-24.
- de Rojas, C., Camarero, C. (2008), "Visitors' experience, mood and satisfaction in a heritage context: Evidence from an interpretation center", *Tourism Management*, Vol. 29 No. 3, pp. 525-537.
- Donabedian, A. (1980), *The definition of quality and approaches to its assessment*, Vol. 1, Health Administration Press, Ann Arbor, MI.

- Duggirala, M., Rajendran, C., Anantharaman, R.N. (2008), "Patient-perceived dimensions of total quality service in healthcare", *Benchmarking: An International Journal*, Vol. 15 No. 5, pp. 560-583.
- Flick, U. (2000), "Episodic interviewing", in Atkinson, P., Bauer, M.W. and Gaskell G. (Eds.), *Qualitative researching with text, image and sound*, Sage, Thousand Oaks, CA, pp. 75-92.
- Grönross, C. (1982), *Strategic management and marketing in the service sector*, Swedish School of Economics, Finland, Helsinki-Helsingfors.
- Guest, G., Bunce, A., Johnson, L. (2006), "How many interviews are enough? An experiment with data saturation and variability", *Field Methods*, Vol. 18 No. 1, pp. 59-82.
- Gummesson, E. (1979), *Models of Professional Service Marketing*, Liber/Marketing, Technique Center, Stockholm.
- Hogg, G., Liao, M.H., O’Gorman, K. (2014), "Reading between the lines: Multidimensional translation in tourism consumption", *Tourism Management*, Vol. 42 No. June, pp. 157-164.
- Jin, N., Lee, S., Lee, H. (2015), "The effect of experience quality on perceived value, satisfaction, image and behavioral intention of water park patrons: New versus repeat visitors", *International Journal of Tourism Research*, Vol. 17 No. 1, pp. 82-95.
- Kao, Y.F., Huang, L.S., Wu, C.H. (2008), "Effects of theatrical elements on experiential quality and loyalty intentions for theme parks", *Asia Pacific Journal of Tourism Research*, Vol. 13 No. 2, pp. 163-174.
- Kuzel, A.J. (1992), "Sampling in qualitative inquiry", in Crabtree, B.F. and Miller, W.L. (Eds.), *Doing qualitative research*, Sage, Newbury Park, CA, pp. 31-44.
- Lemke, F., Clark, M., Wilson, H. (2011), "Customer experience quality: An exploration in business and consumer contexts using repertory grid technique", *Journal of the Academy of Marketing Science*, Vol. 39 No. 6, pp. 846-869.
- Lewis, B.R. (1989), "Quality in the service sector: A review", *International Journal of Bank Marketing*, Vol. 7 No. 5, pp. 4-11.
- Li, L.X., Benton, W.C. (1996), "Performance measurement criteria in health care organizations: Review and future research directions", *European Journal of Operational Research*, Vol. 93 No. 3, pp. 449-468.
- Majeed, S., Kim, W.G. (2023), "Toward understanding healthcare hospitality and the antecedents and outcomes of patient-guest hospital-hotel choice decisions: A scoping review", *International Journal of Hospitality Management*, Vol. 112.
- Manary, M.P., Boulding, W., Staelin, R., Glickman, S.W. (2013), "The patient experience and health outcomes", *New England Journal of Medicine*, Vol. 368 No. 3, pp. 201-203.
- Otto, J.E., Ritchie, J.R.B. (1996), "The service experience in tourism", *Tourism Management*, Vol. 17 No. 3, pp. 165-174.
- Parasuraman, A., Zeithaml, V.A., Berry, L.L. (1985), "A conceptual model of service quality and its implications for future research", *Journal of Marketing*, Vol. 49 No. Fall, pp. 41-50.
- Pekkaya, M., Pulat İmamoğlu, Ö., Koca, H. (2019), "Evaluation of healthcare service quality via Servqual scale: An application on a hospital", *International Journal of Healthcare Management*, Vol. 12 No. 4, pp. 340-347.
- Ponsignon, F., Smart, A., Williams, M., Hall, J. (2015), "Healthcare experience quality: An empirical exploration using content analysis techniques", *Journal of Service Management*, Vol. 26 No. 3, pp. 460-485.
- Raleigh, V.S., Frosini, F., Sizmur, S., Graham, C. (2012), "Do some trusts deliver a consistently better experience for patients? An analysis of patient experience across acute care surveys in English NHS trusts", *BMJ Quality & Safety*, Vol. 21 No. 5, pp. 381-390.

- Schmitt, B.H. (1999), "Experiential marketing", *Journal of Marketing Management*, Vol. 15 Nos. 1-3, pp. 53-67.
- Singh, A., Prasher, A. (2019), "Measuring healthcare service quality from patients' perspective: using Fuzzy AHP application", *Total Quality Management & Business Excellence*, Vol. 30 Nos. 3-4, pp. 284-300.
- Suess, C., Mody, M.A. (2018), "Hotel-like hospital rooms' impact on patient well-being and willingness to pay: An examination using the theory of supportive design", *International Journal of Contemporary Hospitality Management*, Vol. 30 No. 10, pp. 3006-3025.
- Sumaedi, S., Yarmen, M., Bakti, I.G.M.Y. (2016), "Healthcare service quality model: A multi-level approach with empirical evidence from a developing country", *International Journal of Productivity and Performance Management*, Vol. 65 No. 8, pp. 1007-1024.
- Verhoef, P.C., Lemon, K.N., Parasuraman, A., Roggeveen, A., Tsiros, M., Schlesinger, L.A. (2009), "Customer experience creation: Determinants, dynamics and management strategies", *Journal of Retailing*, Vol. 85 No. 1, pp. 31-41.
- Voss, C., Roth, A.V., Chase, R.B. (2008), "Experience, service operations strategy, and services as destinations: Foundations and exploratory investigation", *Production and Operations Management*, Vol. 17 No. 3, pp. 247-266.
- Wu, H.C., Li, T. (2017), "A study of experiential quality, perceived value, heritage image, experiential satisfaction, and behavioral intentions for heritage tourists", *Journal of Hospitality & Tourism Research*, Vol. 41 No. 8, pp. 904-944.
- Wu, X., Gursoy, D., Zhang, M. (2021), "Effects of social interaction flow on experiential quality, service quality and satisfaction: Moderating effects of self-service technologies to reduce employee interruptions", *Journal of Hospitality Marketing & Management*, Vol. 30 No. 5, pp. 571-591.
- Yin, R.K. (2017), *Case study research and applications*, Vol. 6, Sage Publications, US.